



REPRODUCTIVE HEALTH AND HIV PREVENTION AND INTEGRATED SEXUAL PROGRAMME IN A RURAL COMMUNITY

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The successful provision of integrated health services viz., general health, reproductive and child health, prevention of Sexual Transmitted infections (STIs), family Planning etc., to women in a rural community in Andhra Pradesh, India. In this community, the incidence of morbidity and mortality was very high. In addition, the prevalence of STIs/HIV among pregnant women was high. Each women give birth to at least six children. They do not adopt family planning. They do not seek medical help during ill-health or during child birth. In order to improve the overall health status of the people, prevent the spread of STIs/HIV, reduce the family size and morbidity and mortality, increase family planning adoption and use of medical facilities, a non – governmental organization has initiated a comprehensive health services programme in this community.

OBJECTIVES OF THE PROGRAMME

1. To improve the overall health status of the women and children.
2. To provide general health, maternal and child health, family planning, STI/HIV preventive services – all under one roof.
3. To increase family planning adoption.

METHODS AND MATERIALS

A cluster of 80 villages with a population of about 2,00,000 consisting of tribals was selected for the programme in the year 2015. The programme was carried-out with the help of trained social workers, doctors and paramedics.

PROGRAMME INTERVENTIONS

Community education & mobilization, Information education & communication programmes, Enactment at plays, Folk media, Group discussions, Meetings, One to one meetings, STI/HIV prevention counseling, HIV –pretested counseling, HIV – testing, HIV – post –test counseling, Pre – natal, natal and post –natal care at the doorstep and at the hospital, Treatment for STIs and common ailments, General health services, Condom promotion, Prevention of perinatal transmission of HIV, Immunization of pregnant women, Family planning services, Medical termination of pregnancy, Social care and support

Community, Education and Mobilization:-

The students initiated community, Education programmes in the villages. As part of community, education programmes, the students, explained about HIV/AIDS, mode of transmission of HIV etc.,. In addition, the prevalence of HIV in the world, India and Andhra Pradesh and dangers of HIV. As a result of community, education programmes, the entire population of each villages were able to get a clear understanding of the problems of HIV/AIDS and it's related issues. In addition to this, posters were put-up in the villages explaining HIV/AIDS to create mass awareness on HIV/AIDS.

Information, education and communication programmes on HIV/AIDS

A variety of Information, Education and Communication (IEC) programmes were organized in the villages through group discussions, meetings, distribution of literature and pictures, folk media, one to one meetings and counseling. As part of IEC programmes, the rural population including men and women were explained about HIV/AIDS, it's mode of transmission, prevention of the spread of HIV, prevention of mother-to –child transmission of HIV, science and symptoms of HIV, it's dangers, etc.,. Also, they were explained about the availability of health services for the infected children and adults. The IEC programmes, so initiated, by the children provided sufficient knowledge to the entire rural population on HIV/AIDS, mother – to – child transmission of HIV, it's prevention, availability of health services etc.

Enactment of Plays

Andhra Pradesh state AIDS control society (APSACS) is a governmental Nodal agency to organize HIV prevention and control programmes in the state. APSACS organize a variety of HIV prevention and control programmes not only for the high risk group population but also for the general population and students. It has been using drama as one of the methods to disseminate information on HIV/AIDS and related issues. Accordingly, some of the folk artists have been well trained in enacting plays of communicate message on HIV/AIDS, it's pre-

vention, etc.,. These drama troops were brought to the villages to enact plays to disseminate information on HIV/AIDS, it's prevention, dangers and importance of voluntary, counseling and testing of HIV.

Use of Folk Media

Traditional folk media are still very popular in rural areas of India. Thus, a variety of folk media programmes on AIDS were arranged with the help of folk artistes to the people of each village to propagate that AIDS would not spread by sharing food, water, etc.,. In fact, this technique has been used by National AIDS Control Organization of India (NACO), (a nodal agency to organize HIV prevention, control and treatment programme in India), because of high illiteracy in the country. The students brought the folk artists to each village and organized programmes to media messages on AIDS are well received by the people in all the rural areas where the programmes were arranged. They are inexpensive and made an immediate impact on the rural audiences.

Group Discussions

The social workers arranged group discussions for the men and women of this tribe, in which they with the help of a few case studies discussed the current health status of women and children, reasons for poor health status of women and children in general and malnutrition in particular, infant, child and maternal morbidity and mortality, details of on-going applied nutrition programme and the need to make use of the programme for all-round growth and development of infants and children. As far as possible, all explanations were given with the help of pictorial illustrations. In these group discussions, the participants were given equal opportunities to discuss in detail about food nutrition and its related issues and their were clarified.

Meeting

Now and then, say once in two months, meetings were arranged in each village, usually, during nights between 7.00 PM and 9.00 PM. This is a very convenient time for the rural people to attend meetings. The date and venue of the meeting was informed well in advance to men and women of each village and were requested to make it convenient to attend them. In these meetings, they were explained in detail about the prevalence of poor health among the Lambada women and children, causes and consequences of poor health, high morbidity and mortality among women and children, nutritional deficiency, diseases, among women and children, its symptoms, suggested foods to remedy malnutrition, basic food groups, functional – 3 and operational – 5, details of ongoing applied nutritional programme for women and children, its benefits etc. men and women who attended these meetings were given equal opportunities to discuss frankly about health and nutrition issues and all their doubts were clarified.

One-to-One Meetings

Usually, several rural people both men and women feel shy in the meetings and group discussions to raise their doubts with regard to several sensitive and personal issues in front of others. Such people prefer to have personal meetings. For such people, the social workers and paramedics arranged one-to-one personal meetings to provide desired information in detail on health and nutrition viz., importance of maternal and child nutrition, malnutrition, nutritional deficiency diseases, its symptoms, foods to be given for each of the specific deficiency, basic food groups, balanced diet etc. Further, men and women were encouraged to make use of the ongoing applied nutrition programme to improve their nutritional status. During the course of one-to one meetings too all their doubts were clarified.

Information, Education and communication programmes on STIs/HIV

As part of information, education and communication programmes on STI/HIV, the Social Workers explain the children about STIs and HIV, their modes of transmission, signs and symptoms, dangers. They are urged to cultivate compulsory and correct use of condom during illicit sex. They are also made aware of the importance of treating STIs, and availability of health services for STIs/HIV treatment and condom with the help of films, charts and posters.

Sex Education

The Social Workers also provide sex education too to the respondents. As part of

sex education, they are taught about male and female reproductive systems, sexually transmitted infections, HIV/AIDS, their dangers, their prevention etc., They are also made to understand and warned against the dangers of having sex at a very young age. All these aspects are taught with the help of pictorial illustrations.

Voluntary Counselling on Testing of HIV

Children cannot be expected to be aware of their HIV status. It is doubtful if many adults are aware of it. And hence the Social Workers have had to take special care and use tact to make their respondent children aware of it. First of all, they endeavored themselves to their respondents by friendly gestures such as showing pictures and movies and giving them sweets etc., Having won their confidence and built-up rapport with them, they started explaining to them the importance of voluntary counselling and the need to know their HIV status, employing the strategies of education and communication programmes. Encouragingly, almost all the children became inquisitive about their HIV status. Those who came forward to know their HIV status were put through HIV testing. Thus, the VCT of HIV has become a routine service and the majority of the respondent children have an HIV test voluntarily.

HIV-Pre-Test Counselling

The social workers conduct HIV pre-test counselling to the children who have come forward. Children who attend the HIV-pre-test counselling session are given information on the technical aspects of screening and on possible personal, medical, social and psychological implications of being found either HIV-positive or HIV-negative. The information is given in a manner easy to understand.

HIV-Testing

The children who come forward for the HIV-test are tested in the government hospital to determine their HIV-status. After the HIV-test on them, post-test counselling is given by the Social Workers to them according to the nature of the result, whether negative or positive.

HIV-Post-Test Counselling

If the result is negative, they are

- a. explained about the "window period",
- b. are clearly told about the dangers of pre-marital and extra-marital sex, and are counselled to give up such behaviour; and
- c. the ways to prevent HIV infections through safer sex are discussed with them and they are advised to use condom during pre-marital sexual relations, if any.

If the result is positive, the following steps are taken

- a. they are told in gentle but clear terms about HIV and the precautions to be taken to maintain good health;
- b. the need for a supplementary test to confirm the result is explained;
- c. they are given emotional support so that they would not lose heart;
- d. they are prevailed upon to adopt safer sex practices (compulsory use of condom during sex);
- e. they are also told about the ways by which they could take care of their health and about the treatment available. The ways by which the risk of transmitting of HIV to others, are explained to them;
- f. Follow-up care and support is provided;
- g. drugs and nutritional support are also provided;
- h. They are also informed about antiretroviral therapy; and it is made available to them through the ART centres.

Condom Promotion and Distribution

The street children are advised to use condom compulsorily whenever they participate in illicit sex. Further, they are advised to collect the condoms either from the NGO office or from bus stations or railway stations where condom boxes are kept. Further, they are explained about the correct procedure of using condom with the help of charts and models.

Medical Referral Services

The NGO provides medical referral services too. The street children who have STI symptoms be they either major or minor, are referred to doctors. For this purpose, the NGO has appointed a part-time medical officer.

Free Treatment for common ailments and STI/HIV

The street children are given free treatment for common ailments such as fever, cough, cold, diarrhoea, dysentery etc and for STIs/HIV too. Those who are effected with HIV are given anti-retroviral thereby in the government hospital free of cost.

Immunization of pregnant women

Immunisation can protect a pregnant woman and her unborn baby from infectious diseases. Some infectious diseases can cause serious harm to pregnant women or their unborn babies. Ideally, women would be up to date with their immunisations before they become pregnant and all women should receive influenza and whooping cough vaccines during every pregnancy.

Vaccines can protect against many infectious diseases such as chickenpox, influenza, measles, mumps, rubella (German measles), diphtheria, tetanus, whooping cough (pertussis), pneumococcal disease and hepatitis B. Serious side effects or allergic reactions to vaccines are rare.

Family planning services

Family planning refers to the factors that may be considered by a couple in a committed relationship and each individual involved in deciding if and when to have children. Though rarely articulated, family planning may involve consideration of the number of children a couple wish to have as well as the age at which they wish to have them. These matters are obviously influenced by external factors such as marital situation, career considerations, financial position, any disabilities that may affect their ability to have children and raise them, besides many other considerations. If sexually active, family planning may involve the use of contraception and other techniques to control the timing of reproduction. Other techniques commonly used include sexuality education, prevention and management of sexually transmitted infections, pre-conception counseling and management, and infertility management.

Care and treatment boosts prevention

Care and support for people living with HIV can help to protect the health of the public at large by making prevention more effective. The vast majority of people living with HIV do not know their HIV status. Greater use of voluntary counselling and HIV testing is an important key to encouraging changes in risky behaviour and, in turn, to more effective prevention. The availability of HIV care and treatment, a source of hope, can be a powerful incentive for people to come forward and find out their HIV status. People who know they are infected and have access to care can break through the denial about HIV that so often impedes prevention efforts. Care providers who look after HIV-positive people demonstrate to others that there is no need to fear being infected through everyday contact and thus help dispel misguided beliefs about HIV transmission. Providing diagnosis and treatment for tuberculosis and sexually transmitted infections, common among people with HIV, also helps decrease the spread of infections among people who are HIV-negative. For these reasons, AIDS-related care is increasingly recognized as a good investment that directly benefits people with HIV/AIDS, while also boosting AIDS prevention.

Results:

Owing to the impact of the programme in the study area, as many as 40,434 women, utilized different health and other services provided by the NGO during 2012 mid 2015. There was considerable increase in the knowledge of the women on health aspects in the study area. Prevalence of STIs/HIV had decreased. The number of women attending MCH clinic has increased. Institutional deliveries have become popular. The overall health status of the people in the community has increased. The adoption of family planning had picked-up in the community. Many more achievements of the programme have been detailed with pre and post-programme results. The programme is still in operation.

Conclusion

The programme is worth replicating in all the developing countries where similar situation exists.